

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	810	75316	4/29/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	J.S.	69134	6-26-00
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	
1	16-25 8/25
2	16-25 8/25
3	16-25 8/25
4	16-25 8/25
5	16-25 8/25
6	16-25 8/25
7	16-25 8/25
8	16-25 8/25
9	16-25 8/25
10	16-25 8/25
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21	N
22	✓ ✓ ✓
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36	✓ ✓ ✓
37	N
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42	N
43	✓ ✓
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49	
50	✓ ✓

Claim	Date
Final	
Original	
51	✓ ✓
52	✓ ✓
53	N
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60	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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